

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.H.	72492 43	4/14/00 4/19/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		6-1-9-1	6-7
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/21/00
2	✓	✓	12/21/00
3	✓	✓	12/21/00
4	✓	✓	12/21/00
5	✓	✓	12/21/00
6	✓	✓	12/21/00
7	✓	✓	12/21/00
8	✓	✓	12/21/00
9	✓	✓	12/21/00
10	✓	✓	12/21/00
11	✓	✓	12/21/00
12	✓	✓	12/21/00
13	✓	✓	12/21/00
14	✓	✓	12/21/00
15	✓	✓	12/21/00
16	✓	✓	12/21/00
17	✓	✓	12/21/00
18	✓	✓	12/21/00
19	✓	✓	12/21/00
20	✓	✓	12/21/00
21	✓	✓	12/21/00
22	✓	✓	12/21/00
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25	✓	✓	12/21/00
26	✓	✓	12/21/00
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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